AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see AR 710-2-1, the proponent agency is DCS, G-4.

| UNIT | | | | RANGE AND LOCATION | RANGE AND LOCATION | |
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| DOCUMENT NO. | | | DATE | | | |
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| I certify that I saw the above items consumed during training on (indicate date) | | | | | | |
| NAME (Type | d or Printed) | | SIGNATURE | | | |
| UNIT | | | POSITION | POSITION | | |
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